

## UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

PEDERSON, Larry V. et al.

Group Art Unit: 3737

Serial No.:

09/710,782

**Examiner: Daniel Robertson** 

For:

LIGHT THERAPY DEVICE

#### INFORMATION DISCLOSURE STATEMENT

[]1

Pursuant to 37 CFR 1.97(b)

[within 3 months of filing or prior to 1st Office Action]

[]2

Certification Pursuant to 37 CFR 1.97(c)

[before Final Office Action or Allowance]

[XX]3

Fee Payment Pursuant to 37 CFR 1.97(c)

[before Final Office Action or Allowance]

[]4

Petition, Certification & Petition Fee Payment Pursuant to 37 CFR 1.97(d)

[before issue fee payment]

Honorable Commissioner of Patents and Trademarks, Washington, D.C. 20231,

U.S.A.

RECEIVED

Sir:

MAY 0 6 2004

TECHNOLOGY CENTER R3700

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 & 1.98:

05/03/2004 CCHAU1

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[XX]5 A list of documents on form PTO-1449 together with copies of each identified document and a translation or a concise explanation of each non-English language document is enclosed herewith.

This paper is submitted in accordance with:

[]6 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]

[XX]7 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and

[]8 The required certification made in item 11 below; or

[XX]9 The \$180.00 fee specified in 37 CFR §1.17(p) for submission of this Information Disclosure Statement is authorized in item 14 below.

[]10 37 CFR §1.97(d): [before issue fee payment]; and

- (a) This is a petition for consideration of the subject Information Disclosure Statement. The petition fee (\$130.00) required by 37 CFR 1.17(i)(1) is authorized in item 14 below. (Direct this letter to: "Attention PETITIONS EXAMINER" and if applicable include batch locator information: e.g. "Allowed Files, Batch \_\_\_\_\_\_, Date of Allowance \_\_\_\_\_\_"); and
- (b) The required Certification is stated in item 11 below.

#### []11 Certification

[]12 Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement; or

[]13

No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.

[XX]14

Please charge all applicable fees associated with the submittal of this Information Disclosure Statement to Deposit Account No. <u>02-2057</u>. An original and two (2) copies of this document are enclosed.

Respectfully submitted,

Roseann B. Caldwell Reg. No. 37,077

Bennett Jones LLP Suite 4500 855 - 2nd Street S.W. Calgary, Alberta CANADA T2P 4K7

(403) 298-3661

Date:





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Reg. No. 37,077

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Date: 128/04

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PTO/SB/08B (08-03)
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Substitute for form 1449/PTO		Complete if Kn wn	
Cabourate for form	1440/110	Application Number	09/710,782
INF	ORMATION DISCLOSURE	Filing Date	November 13, 2000
	ATEMENT BY APPLICANT	First Named Inventor	PEDERSON, Larry
	se as many sheets as necessary)	Art Unit	3742
(use as many sheets as necessary)		Examiner Name	Robinson, Daniel Leon
Sheet	of	Attorney Docket Number	44261-4

	,	NON PATENT LITERATURE DOCUMENTS		
Examiner   Cite   Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the Initials*   No. ' (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(				
IIIIIais	publisher, city and/or country where published			
		RAYMOND W. LAM and ANTHONY J. LEVITT, Clinical Guidelines for the Treatment of Seasonal		
		Affective Disorder, 1999, Clinical & Academic Publishing, Canada		
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Examiner	Date	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: C mmissioner for Pat nts, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.